MEDICAID BULLETIN

Last Updated: 07/29/2022

Virginia Medicaid Preferred Drug List / Common Core Formulary Changes, and Drug Utilization Review Board-Approved Drug Service Authorizations

The purpose of this memorandum is to notify providers about Virginia Medicaid's fee-for-service (FFS) Preferred Drug List (PDL) Program and drug service authorization (SA) requirements for drugs reviewed by the Department's Pharmacy and Therapeutics Committee and the Drug Utilization Review (DUR) Board.

The PDL/Common Core Formulary is a list of preferred drugs, by select therapeutic class, for which the Medicaid FFS program allows payment without requiring SA. The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success.

The PDL/Common Core Formulary is effective for the Medicaid and FAMIS Plus FFS populations, nondual eligible members covered under the CCC Plus program, and Medicaid managed care members enrolled with Medallion 4.0. The Virginia Medicaid PDL **does not** apply to members enrolled in FAMIS or members with Medicare Part D plans.

Virginia's PDL/Common Core Formulary and updates to it can be found at https://www.virginiamedicaidpharmacyservices.com/provider/preferred-drug-list. In addition, a copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648.

Updates to the *Pharmacy* Provider Manual regarding PDL changes are forthcoming. Additionally, comments and questions about this program can be emailed to pdlinput@dmas.virginia.gov.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: http://www.dmas.virginia.gov/#/medex.

PROVIDER CONTACT INFORMATION & RESOURCES

https://dmas.virginia.gov

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Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee- forservice members. Managed Care Programs	https://dmas.kepro.com/

Managed Care Programs

Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee- for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627